



UNITED STATES SENATOR OLYMPIA J. SNOWE
FLAG ORDER FORM

(Please print and use pen)

Personal Information:

Date: ____/____/____

Name: _____

Telephone Number: _____

Flag Information:

Quantity

3' x 5' nylon..... ____ x \$9.00 \$ _____

3' x 5' cotton..... ____ x \$9.25 \$ _____

4' x 6' nylon..... ____ x \$13.50 \$ _____

5' x 8' nylon..... ____ x \$18.00 \$ _____

5' x 8' cotton..... ____ x \$20.00 \$ _____

Flying Certification Cost ____ x \$4.05/flag \$ _____
(Only if flag is flown over the Capitol)

Shipping and Handling Cost ____ x \$4.00/flag \$ _____

TOTAL: \$ _____

The person in whose name the flag is being flown: _____

Special occasion/event: _____

Requested date for flag to be flown (if applicable): _____
(request must be received at least one month prior to the date)

Ship to: Name: _____

Address: _____

City, State, Zip Code: _____

Checks or money orders should be made payable to the **“Keeper of Stationary.”**

Mail completed form and payment to:

The Office of Senator Olympia J. Snowe
Attn: Flag Coordinator
154 Russell Senate Office Building
Washington, D.C. 20510

Please allow 4 to 6 weeks for delivery after your flag has flown over the Capitol.